



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

**Annual Plan
and
Five-Year Action Plan
2015—2019**

For Public Review and Comment

City of Manistee Housing Commission 2015 Annual Plan Comment Period

On 8/14/2014 the City of Manistee Housing Commission shall make available for public review a draft copy of components of its Five-Year and Annual Agency Plan per the guidelines of the 24 CFR 903, a requirement of the Quality Housing and Work Responsibility Act of 1998.

Documents shall be available for review for a period of approximately 45 days at:

- www.manisteemi.gov
- City of Manistee Housing Commission Offices
 - Harborview Apartments
 - 273 6th Ave, Manistee, MI 49660
 - Monday—Friday 8:00 AM to 4:00 PM

Comments must be received in writing and include

- Commenter name and address
- Commenter signature
- Comments to be submitted

Comments are to be addressed

- CMHC 2015 Annual Plan Comment
Attn: Clinton McKinven-Copus, Executive Director
273 Sixth Ave.
Manistee, MI 49660
OR
clintonmc@manisteehousing.com

The City of Manistee Housing Commission has scheduled a public hearing to be held on October 7, 2014 @ 4:00PM in the Community Room of Harborview Apartments located at 273 Sixth Ave., Manistee, MI 49660. At this time, the CMHC Commissioners shall receive and consider any and all written comments prior to finalization of their agency plan for submission to HUD on or before October 6, 2014.

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 8/30/2011
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1.0	PHA Information PHA Name: <u>Manistee Housing Commission</u> PHA Code: <u>MI078</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2015</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>214</u> Number of HCV units: <u>N/A</u>					
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:					
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.					
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No revision since 2012 Annual Plan and 5-Year Plan Submission (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. PHA plans are made available for public access, and display locations and supporting documents are made available at the main administrative office located at 273 6th Avenue, Manistee, MI 49660.					
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. See attachment MI078a07					
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attached: CFP 2011 P & E Report (HUD 50075.1) CFP 2012 P & E Report (HUD 50075.1) CFP 2013 P & E Report (HUD 50075.1) CFP 2014 P & E Report (HUD 50075.1)					
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See Attached CFP Five-Year Action Plan (HUD 50075.2)					

8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Not Applicable</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>Not Applicable for Small Housing Authority submitting "Annual Plan Only"</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Not Applicable for Small Housing Authority submitting "Annual Plan Only"</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Manistee Housing Commission will, on a periodic basis, amend this Agency Plan as a result of changing needs and goals of the agency. Should a substantial deviation and/or significant amendment or modification occur, the Manistee Housing Commission shall reconvene the RAB, publish comments for the amendments, and in addition, conduct a public hearing on the proposed amendments.</p> <p>Substantial Deviation/Modification: Defined as 1) a significant change of more than 25% in any financial fund (Operating, Capital or Reserve, that materially affects the ability of the Manistee housing Commission to implement the provisions of the Annual Plan or the 5-Year Plan either allowing items to be completed ahead of schedule or causing the delay in the implementation of those planned items; or 2) actions of the Manistee Housing Commission that are in response to and in an effort to mitigate the results of emergencies or natural disasters causing wide-spread damage to its properties and facilities.</p> <p>Significant Amendment: Defined as:</p> <ul style="list-style-type: none"> - Changes to rent or admissions policies or organizations of the waiting list; - Additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and - Any change with regard to demolition or disposition, designation, homeownership programs or conversions activities - Findings from studies such as Physical Needs Assessments (PNA). - Opportunity to expand public housing with potential partnerships with privately leveraged funds. - Moving of funding between line items totaling more than 10% of the total grant.
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) **Hope VI or Mixed Finance Modernization or Development.**

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:
http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.

(c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

HOPE VI, MIXED FINANCE MOD OR DEVELOPMENT, DEMOLITION, CONVERSION, HOMEOWNERSHIP, PROJECT BASED VOUCHERS

a. HOPE VI OR MIXED FINANCE MOD OR DEVELOPMENT

Not applicable to MHC for the 2015 Annual Plan Submission

b. DEMOLITION AND/OR DISPOSITION

Not applicable to MHC for the 2015 Annual Plan Submission

c. CONVERSION OF PUBLIC HOUSING

Not applicable to MHC for the 2015 Annual Plan Submission

d. HOMEOWNERSHIP

Not applicable to MHC for the 2015 Annual Plan Submission

e. PROJECT-BASED VOUCHERS

Not applicable to MHC for the 2015 Annual Plan Submission



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Capital Fund Grant Year 2015

Projection of Capital Fund Expenditures

Goals

- Maintain strong day-to-day operations
- Improve and modernize infrastructure

Brief Analysis of Plan

Development Name	Account Number	Description	Projected Funding
Authority Wide	1406 1408 1410	Day-to-day operations of the Housing Commission	\$77,054.00
Authority Wide	1430	Professional Architectural and Engineering Services	\$10,000.00
Development 1: Harborview	1460	Make-up Air Handler	\$91,128.00
Authority Wide	1460.5	Oven/Range and Refrigerator Replacement	\$12,000.00

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 06/30/2017

Part I: Summary					
PHA Name: Manistee Housing Commission [MI078]		Grant Type and Number Capital Fund Program Grant No: MI133P078501-15 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A			FFY of Grant: 2015 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	38,036.00			
3	1408 Management Improvements	20,000.00			
4	1410 Administration (may not exceed 10% of line 21)	19,018.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	91,128.00			
11	1465.1 Dwelling Equipment—Nonexpendable	12,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 06/30/2017

Part I: Summary					
PHA Name: Manistee Housing Commission [MI078]		Grant Type and Number Capital Fund Program Grant No: MI133P078501-15 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A			FFY of Grant: 2015 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	190,182.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 10/07/2014		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Name: Manistee Housing Commission [MI078]			Grant Type and Number Capital Fund Program Grant No: MI133P078501-15 CFFP (Yes/ No): No Replacement Housing Factor Grant No: N/A			Federal FFY of Grant: 2015		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	20%	38,036.00		0	0	0% Completed
HA Wide	Management Improvements	1408	10%	20,000.00		0	0	0% Completed
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	19,018.00		0	0	0% Completed
HA Wide	Professional Services	1430	5.25%	10,000.00		0	0	0% Completed
MI078-02	Harborview Air Handler Modernization	1460	1 Building	91,128.00		0	0	0% Completed
HA Wide	12 Oven/ranges 12 Refrigerators	1465.1	6.30%	12,000.00		0	0	0% Completed
GRAND TOTAL			100%	190,182.00		0	0	0% Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission [MI078]				Federal FFY of Grant: 2015	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2016		12/31/2019		
MI078-1	12/31/2016		12/31/2019		
MI078-2	12/31/2016		12/31/2019		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program Five-Year Action Plan 2015—2019

Goals

- Maintain strong day-to-day operations
- Improve and modernize infrastructure

Selected Highlights

Project Description	Anticipated Implementation	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019
Range/Oven & Refrigerator replacement	2015-2019	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00
General Unit modernization	2016-2019		\$10,782.00	\$10,782.00	\$ 7,110.00	\$ 7,110.00
Harborview: Window modernization	2016		\$68,346.00			
Century Terrace: Hallway lighting improvement	2017			\$68,346.00		
Housing Commission Wide: Parking lot repair/modernization	2018-2019				\$85,000.00	\$85,000.00
Housing Commission Wide: Server replacement	2016		\$12,000.00			
Housing Commission Wide: Copier replacement	2017			\$12,000.00		

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 8/30/20011

Part I: Summary						
PHA Name/Number Manistee Housing Commission – MI078			Locality (City/County & State) Manistee/Manistee, Michigan, 49660		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY 2015	Work Statement for Year 2 FFY 2016	Work Statement for Year 3 FFY 2017	Work Statement for Year 4 FFY 2018	Work Statement for Year 5 FFY 2019
B.	Physical Improvements Subtotal		91,128.00	91,128.00	104,110.00	104,110.00
C.	Management Improvements		20,000.00	20,000.00	19,018.00	19,018.00
D.	PHA-Wide Non-dwelling Structures and Equipment		12,000.00	12,000.00	0	0
E.	Administration		19,018.00	19,018.00	19,018.00	19,018.00
F.	Other		10,000.00	10,000.00	10,000.00	10,000.00
G.	Operations		38,036.00	38,036.00	38,036.00	38,036.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		190,182.00	190,182.00	190,182.00	190,182.00
L.	Total Non-CFP Funds					
M.	Grand Total	190,182.00	190,182.00	190,182.00	190,182.00	190,182.00

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 8/30/20011

Work Statement for Year 1 FFY 2015	Work Statement for Year 2 FFY 2016			Work Statement for Year: 3 FFY 2017		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Unit Modernization		10,782.00	HA-Wide Unit Modernization		10,782.00
	HA-Wide Appliance Replacement	12 Range/Ovens 12 Refrigerators	12,000.00	HA-Wide Appliance Replacement	12 Range/Ovens 12 Refrigerators	12,000.00
	MI078-2 Harborview Window Modernization	1 Building	68,346.00	MI078-2 Century Terrace Hallway Lighting Imp.	1 Building	68,346.00
	Subtotal of Estimated Cost	91,128.00 (190,182.00 total CFP)		Subtotal of Estimated Cost	91,128.00 (190,182.00 total CFP)	

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 8/30/2011

Work Statement for Year 1 FFY 2015	Work Statement for Year 4 FFY 2018			Work Statement for Year: 5 FFY 2019		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec. Annual Statement	HA-Wide Unit Modernization		7,110.00	HA-Wide Unit Modernization		7,110.00
	HA-Wide Appliance Replacement	12 Range/Ovens 12 Refrigerators	12,000.00	HA-Wide Appliance Replacement	12 Range/Ovens 12 Refrigerators	12,000.00
	MI078-2 Parking Lot Repair/Modernization	2 Building	85,000.00	MI078-2 Parking Lot Repair/Modernization	2 Building	85,000.00
	Subtotal of Estimated Cost		104,110.00 (190,182.00 total CFP)	Subtotal of Estimated Cost		104,110.00 (190,182.00 total CFP)

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2015	Work Statement for Year 2 FFY 2016		Work Statement for Year: 3 FFY 2017	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	HA Wide Operations: General Housing Operations	38,036.00	HA Wide Operations: General Housing Operations	38,036.00
	HA Wide Management Improvements	20,000.00	HA Wide Management Improvements	20,000.00
	HA Wide Administrative Costs: Salary/Benefits for CFP Staff	19,018.00	HA Wide Administrative Costs: Salary/Benefits for CFP Staff	19,018.00
	HA Wide Fees and Costs: Professional Services/Consulting for HA Projects	10,000.00	HA Wide Fees and Costs: Professional Services/Consulting for HA Projects	10,000.00
	HA Wide Management Improvements Server Upgrade	12,000.00	HA Wide Management Improvements Copier Replacement	12,000.00
	Subtotal of Estimated Cost	99,054.00 (190,182.00 total CFP)	Subtotal of Estimated Cost	99,054.00 (190,182.00 total CFP)

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2015	Work Statement for Year 4 FFY 2018		Work Statement for Year: 5 FFY 2019	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	HA Wide Operations: General Housing Operations	38,036.00	HA Wide Operations: General Housing Operations	38,036.00
	HA Wide Management Improvements	19,018.00	HA Wide Management Improvements	19,018.00
	HA Wide Administrative Costs: Salary/Benefits for CFP Staff	19,018.00	HA Wide Administrative Costs: Salary/Benefits for CFP Staff	19,018.00
	HA Wide Fees and Costs: Professional Services/Consulting for HA Projects	10,000.00	HA Wide Fees and Costs: Professional Services/Consulting for HA Projects	10,000.00
	Subtotal of Estimated Cost	86,072.00 (190,182.00 total CFP)	Subtotal of Estimated Cost	86,072.00 (190,182.00 total CFP)



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Capital Fund Grant Year 2011

Annual Statement Performance and Evaluation Report Revision 2

Brief Analysis of Revision

Development Name	Account Number	Description	Original Amount	Revised Amount
Authority Wide	1460	Unit Modernization	\$25,000.00	\$19,343.60
Development 2: Century Terrace	1460	Roof Repair/Modernization	\$ 00.00	\$ 5,656.40

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission-MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/06/2014 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000.00		40,000.00	40,000.00
3	1408 Management Improvements	25,000.00		24,439.65	24,439.65
4	1410 Administration (may not exceed 10% of line 21)	24,000.00		24,000.00	24,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00		4,750.00	4,750.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	105,179.00		105,179.00	19,343.60
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission - MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/06/2014 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	204,179.00		204,179.00	112,533.25
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 08/06/2014		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-11 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	16%	40,000.00		40,000.00	40,000.00	100% Complete
HA Wide	Management Improvement	1408	10%	25,000.00		25,000.00	24,439.65	98% Completed
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	24,000.00		24,000.00	24,000.00	100% Complete
HA Wide	Professional Services	1430	4%	10,000.00		10,000.00	4,750.00	47% Complete
MI078-02	Comp. Mod.-Dwelling Structure Equipment Upgrade (Elevator Mod.) Harborview Complex	1460	1 Building (48 units)	80,179.00		80,179.00	0.00	0% Completed
HA Wide	Comp. Mod.--Unit Modernization	1460	HA Wide	25,000.00	19,343.60	19,343.60	19,343.60	100% Completed
MI078-02	Comp. Mod--Roofing Repair/Modernization	1460	2 Buildings	0.00	5,656.40	5,656.40	0.00	0% Completed
GRAND TOTAL			100%	204,179.00	\$25,000.00	204,179.00	112,533.25	55% Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission-MI078				Federal FFY of Grant: 2011	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2013		12/31/2015		
MI078-1	12/31/2013		12/31/2015		
MI078-2	12/31/2013		12/31/2015		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Capital Fund Grant Year 2012

Annual Statement Performance and Evaluation Report Revision 2

Brief Analysis of Revision

Development Name	Account Number	Description	Original Amount	Revised Amount
Authority Wide	1460	Unit Modernization	\$25,000.00	\$19,016.69
Development 2: Century Terrace	1460	Roof Repair/Modernization	\$ 00.00	\$ 2,653.31

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission-MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-12 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2012 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/04/2014 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	40,000.00	40,000.00	40,000.00	40,000.00
3	1408 Management Improvements	20,000.00	20,000.00	20,000.00	14,769.68
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00	20,000.00	20,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	10,000.00	10,000.00	6,961.25
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	101,849.00	101,849.00	101,849.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission - MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-12 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2012 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/04/2014 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	191,849.00	191,849.00	191,849.00	81,730.93
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 08/06/2014		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Manistee Housing Commission-MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-12 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	16%	40,000.00	40,000.00	40,000.00	40,000.00	100% Complete
HA Wide	Staff Training	1408	10%	20,000.00	20,000.00	20,000.00	14,769.68	74% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	20,000.00	20,000.00	20,000.00	20,000.00	100% Complete
HA Wide	Professional Services	1430	4%	10,000.00	10,000.00	6,961.25	6,961.25	70% Completed
MI078-01	Comp. Mod-Dwelling Structure Equipment Upgrade (Elevator Mod.) Harborview Complex	1460	1 Building (48 units)	80,179.00	80,179.00	80,179.00	0.00	0% Completed
HA Wide	Comp. Mod.--Unit Modernization	1460	HA Wide	25,000.00	19,016.69	19,016.69	0.00	0% Complete
	Century Terrace Roof Modernization	1460	2 Buildings	0.00	2,653.31	2,653.31	0.00	0% Complete
GRAND TOTAL			100%	191,849.00	191,849.00	191,849.00	81,730.93	43% Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

PHA Name: Manistee Housing Commission-MI078

Reasons for Revised Target Dates ¹

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Capital Fund Grant Year 2013

Annual Statement Performance and Evaluation Report Revision 2

Brief Analysis of Revision

Development Name	Account Number	Description	Original Amount	Revised Amount
Authority Wide	1460	Unit Modernization	\$28,008.00	\$ 3,896.41
Development 2: Century Terrace	1460	Roof Repair/Modernization	\$ 00.00	\$24,111.59

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission--MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-13 Replacement Housing Factor Grant No: No Date of CFFP:			FFY of Grant: 2013 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	39,637.40	39,637.40	0.00	0.00
3	1408 Management Improvements	20,000.00	20,000.00	5,229.27	5,229.27
4	1410 Administration (may not exceed 10% of line 21)	19,818.70	19,818.70	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,543.90	10,543.90	10,200.00	10,200.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	108,187.00	108,187.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission--MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-13 Replacement Housing Factor Grant No: No Date of CFFP:			FFY of Grant:2013 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	198,187.00	198,187.00	15,429.27	15,429.27
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 08/06/2014		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Manistee Housing Commission--MI078			Grant Type and Number Capital Fund Program Grant No: MI33P078501-13 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2013		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	16%	39,637.40	39,637.40	0.00	0.00	0% Complete
HA Wide	Staff Training	1408	10%	20,000.00	20,000.00	5,229.27	5,229.27	26% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	19,818.70	19,818.70	0.00	0.00	0% Complete
HA Wide	Professional Services	1430	4%	10,543.90	10,543.90	10,200.00	10,200.00	97% Complete
MI078-02	Comp. Mod.--Dwelling Structure Equipment Upgrade Harborview Complex	1460	1 Building (48 units)	80,179.00	80,179.00	0.00	0.00	0% Complete
HA Wide	Comp. Mod--Unit Modernization	1460	HA Wide	28,008.00	3,896.41	0.00	0.00	0% Complete
MI078-02	Century Terrace Roof Modernization	1460	2 Building	0.00	24,111.59	0.00	0.00	0% Complete
GRAND TOTAL			100 %	198,187.00	198,187.00	15,429.27	15,429.27	7.8% Complete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission--MI078				Federal FFY of Grant: 2013	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2014		12/31/2017		
MI078-1	12/31/2014		12/31/2017		
MI078-2	12/31/2014		12/31/2017		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



**City of Manistee
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

Capital Fund Grant Year 2014

Annual Statement Performance and Evaluation Report Revision 2

Brief Analysis of Revision

Development Name	Account Number	Description	Original Amount	Revised Amount
Development 1: Scattered Sites	1460	Roof Replacement	\$17,000.00	\$ 0.00
	1460	Boiler Replacement	\$ 2,500.00	\$ 0.00
Development 1: Harborview	1460	Make-up Air Handler	\$15,000.00	\$30,182.00
Harborview	1460	Elevator modernization	\$ 0.00	\$19,500.00
Century Terrace	1460	Hallway lighting modernization	\$55,182.00	\$ 0.00
Century Terrace/ Harborview	1460	Security Entrance System modernization	\$ 0.00	\$40,000.00

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission--MI078		Grant Type and Number Capital Fund Program Grant No: MI33P078501-14 Replacement Housing Factor Grant No: No Date of CFFP:			FFY of Grant: 2014 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/04/2014 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	34,232.00	34,232.00	0.00	0.00
3	1408 Management Improvements	20,000.00	20,000.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	19,018.00	19,018.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,750.00	16,750.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,182.00	100,182.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Manistee Housing Commission--MI078	Grant Type and Number Capital Fund Program Grant No: MI33P078501-14 Replacement Housing Factor Grant No: No Date of CFFP:	FFY of Grant:2014 FFY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	190,182.00	190,182.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 08-04-2014		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Manistee Housing Commission--MI078	Grant Type and Number Capital Fund Program Grant No: MI33P078501-14 CFFP (Yes/ No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2014			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Housing Operations	1406	18%	34,232.00	34,232.00	0.00	0.000	0% Complete
HA Wide	Management Improvements	1408	10%	20,000.00	20,000.00	0.00	0.00	0% Complete
HA Wide	Partial Salary/Benefits (CFP Staff)	1410	10%	19,018.00	19,018.00	0.00	0.00	0% Complete
HA Wide	Professional Services	1430	8.8%	16,750.00	16,750.00	0.00	0.00	0% Complete
MI078-01	Roof Replacement--Scattered Sites	1460	4 Buildings	17,000.00	0.00	0.00	0.00	0% Complete
	Boiler Replacement	1460	2 Buildings	2,500.00	0.00	0.00	0.00	0% Complete
	Water Heater Replacements	1460	2 Buildings	2,500.00	2,500.00	0.00	0.00	0% Complete
MI078-02	Harborview-HVAC/Split System	1460	1 Building	8,000	8,000.00	0.00	0.00	0% Complete
	Harborview-Air Handler Repair	1460	1 Building	15,000	30,182.00	0.00	0.00	0% Complete
	Comp. Mod.-Dwelling Structure Equipment Upgrade (Elevator Mod.) Harborview Complex	1460	1 Building	0.00	19,500.00	0.00	0.00	0% Complete
	Century Terrace-Corridor Lighting Replacement	1460	1 Building	55,182.00	0.00	0.00	0.00	0% Complete
	Security Entrance System [Century Terrace & Harborview]	1460	2 Buildings	0.00	40,000.00	0.00	0.00	0% Complete
GRAND TOTAL			100 %	190,182.00	190,182.00	0.00	0.00	0% Complete

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Manistee Housing Commission--MI078				Federal FFY of Grant: 2014	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	12/31/2015		12/31/2018		
MI078-1	12/31/2015		12/31/2018		
MI078-2	12/31/2015		12/31/2018		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Manistee Housing Commission

Applicant Name

Capital Fund Program

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing a drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

g. Making good faith effort to continue to maintain a drug-free workplace through implementation of paragraph a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

MI 78-1 273 6th Ave., Manistee, Manistee County, MI, 49660, Capital Fund Program

MI 78-2 273 6th Ave., Manistee, Manistee County, MI, 49660, Capital Fund Program

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
Clinton McKinven-Copus

Title
Executive Director

Signature

Date:

X

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Manistee Housing Commission

Applicant Name

Capital Fund Program

Program/Activity Receiving Federal Grant Funding

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

Name of Authorized Official

Clinton McKinven-Copus

Title

Executive Director

Signature

X

Date

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 01/01/2015, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Signature

Date